FORM D MAR 2 9 2007

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

... FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR



07049523

SEC USE ONLY								
Prefix		Serial						
DA	DATE RECEIVED							
•								

185/3 UNIFORM LIMITED OFFERING EXEMPTION
Name of Offering () cleck if this is an amendment and name has changed, and indicate change.)
Filing Under (Check box(ss) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) DULOE Type of Filing: New Filing Amendment Rule 504 Rule 505 Rule 506 Section 4(6) DULOE
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Rabid Stewlio LLC
Address of Executive Offices Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Principal Business Operations (Number of Street) (Including Area Code) (Including Area Code) (Including Area Code) (Including Area Code)
Movie Studio APR 0 6 2007 F
Type of Business Organization corporation
Actual or Estimated Date of Incorporation or Organization: OD Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			•		
		A. BASICID	ENTIFICATION DATA		
2. Enter the information	requested for the fo	ollowing:			
Each promoter (of the issuer, if the is	suer has been organized v	vithin the past five years;		
Each beneficial	owner having the pov	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issue
	-	of corporate issuers and of			
		of partnership issuers.	5F B		,
		or partitioning issuers.	<u> </u>		
Check Box(es) that Apply Full Name (Last same first		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
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723 rue Business or Residence Ad	drace (Alberthan due	New Old	aus , LA	7이(/	
Business of Residence Au	aress (Number apic	r Street, City, State, Zip C	oue) .		
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs	t, if individual)			-	
•	,				
Business or Residence Ad	iress (Number and	Street, City, State, Zin Co	nde)		
		, , , , , ,	,		
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs	t. if individual)				
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Business or Residence Ad	dress (Number and	Street, City, State, Zip C	ode)		
	(**************************************	,,, -	,		
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or
Cite and Doin(ed), mar (1992)					Managing Partner
Full Name (Last name firs	t if individual)				
Tan Name (Dast name 1113					
Business or Residence Ad	tress (Number and	Street City State Zin Co	nde)		
Dusiness of Residence 7th	iress (riumber und	Street, Oily, State, Zip Oi	,,,,		
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Check Box(es) that Apply	Tromoter	Belleticial Owner	Executive officer	Birector	Managing Partner
Full Name (Last name firs	· if in dividual)				
run Name (Last name Ins	i, ii individuai)				
D	4 (N1	Stunet City State 7im C	-4-5		
Business or Residence Ad	iress (Number and	Street, City, State, Zip Co	oac)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
			<u> </u>		· 12-2" · 8;
Business or Residence Add	iress (Number and	Street, City, State, Zip Co	ode)		
<u></u>					
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

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,	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No No			
١.	Answer also in Appendix, Column 2, if filing under ULOE.								. []				
2.	What is the minimum investment that will be accepted from any individual?								s 110	000			
	(Subject to change)									Yes	No No		
3.													
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering												
,	If a pers	on to be lis	sted is an as: ame of the b	sociated pe	rson or age	ent of a brok	cer or deale	r registere	d with the S	SEC and/or	with a stat	e `	
			, you may s								0113 01 340		
Ful	l Name (Last name	first, if ind	ividual)						/			
Bu	siness or	Residence	Address (N	lumber and	1 Street C	ity State 7	(in Code)			/			**************************************
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Na	me of As	sociated B	roker or De	aler)		- · · · · ·	
Sta	tes in Wh	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		/	+-			
	(Check	"All State:	s" or check	individual	States)	······································			\	/	············	. [] AI	l States
	AL	[AK]	AZ	AR	CA	CO	[CT]	DE	[DC]	FL	GX	ПП	ΠDT
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE ·	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	[SC]	SD	TN	TX	[UT]	[VT]	NA.	WA	WV	WI	WŸ	PR
Ful	l Name (Last name	first, if ind	ividual)					\				
Rus	siness or	Residence	Address (1	Vumber an	d Street C	lity State 2	Zin Code)		$\overline{}$				
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Na	me of As	sociated Bi	roker or De	aler	•		\						
Sta	tes in Wh	nich Persor	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)		/			***************************************		. [] Al	States
	ÄL	AK	AZ	AR	CA	(CO)	CT \	DE]	DC	FL	GA	HI	[ID]
	IL	IN	IA	(KS)	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE I	NV	NH	NJ	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	RI	[SC] ·	SD	TN	TX.		VT	VA)	WA	[<u>w v</u>]	W1	W 11	[FK]
Ful	l Name (Last name	firsh if ind	ividual)			•						
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
 -				\	<u>.</u>								
Na	me of As:	socialed by	oker or De	aler									
Sta	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
	(Check	"All State:	s" or check	individual	States)	••••••		•••••••				. □ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	ΉI	ID
	IL	[N]	IA	KS	KY DOT	LA	ME	MD	MA	MI	MN	MS OR	MO PA
	MT RI	NE SC	NV SD	NH TN	[NJ]	NM) UT	NY VT	NC VA	ND WA	OH WV	OK WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

GOTÍTRINOPRIOR NÚMBEROFINMESTORS, EXPENSES AND USE OF PROGREDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	. 0	. 0
	Equity		s O
		Ψ	<u> </u>
	Convertible Securities (including warrants)	\$	S
	Partnership Interests		s 200000
	Other (Specify)		\$ 72
	Total		\$ 0.03
	Answer also in Appendix, Column 3, if filing under ULOE.	200,000	230,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	_	200;00D
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$ 0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		3 _0.00
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	· 1
	Regulation A		s 8
	Rule 504		s O
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs	<u>2</u>	s 1500
	Legal Fees		s_O
	Accounting Fees		s
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)	_	\$
	Total		\$_0.00
	•		1500

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	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$_0.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	2,19	9,985
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	_	
	Purchase of real estate	- ,	_
	Purchase, rental or leasing and installation of machinery	_	Ds 85000
	and equipment Construction or leasing of plant buildings and facilities (Katrina Dange Ryair)	· ¬ \$	DRS 795,800
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
	Repayment of indebtedness	_	_
	Working capital		_
	Other (specify):		
] \$	 \$
	Column Totals	_s <u>11€5,000</u>	151985,000
	Total Payments Listed (column totals added)	\$2€	2020,000
5.	D. HEIDERALGIENKUURE		MOROLANDE
Tri .			
sign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission.	sion, upon writte	
	information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	ule 502.	
Issu	er (Print or Type) RABID STEWDIO Signature)ate 3/27/	, 07
Nan	ne of Signer (Print or Type) Title of Signer (Print or Type)	-//-	
	MANAG	ER	
	CHEN PITRE		

- ATTENTION ---

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

EL STATESICNATURE

I. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?





See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature, Ma	Date	
Rabid Stoutes LLC	a/ Ma	3/27/07	
Name (Print or Type)	Tips (Print or Type)		
Glen Pitre	Manager		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

fa state				AT.	RENDIX	5. T. I.	4 7 7			
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR			<i>'</i>							
CA										
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MI										
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1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО		/								
МТ		7								
NE										
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	APPENDIX										
1	2 3					4	`	5			
	Intend to sell to non-accredited investors in State (Part B-Item !) Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											